



# Training Opportunity

<b>Course Title:</b>	<b>Source Selection – (CPE Credits: 40)</b>
<b>Date(s)/Time:</b>	June 21-25, 2004 800am – 430pm
<b>Location:</b>	Sparkman Center, Bldg 5304, Room 4347/49
<b>Tuition:</b>	\$550 (Maximum of 30 participants)
<b>Vendor:</b>	Management Concepts
<b>Course Manager:</b>	Louise Olszewski, 256 842-6540, <a href="mailto:louise.olszewski@us.army.mil">louise.olszewski@us.army.mil</a>
<b>Cancellation Policy</b>	No refunds after Registration Deadline. You may substitute another employee.

**Who Should Attend:** Employees that require knowledge and skills to make sound source selection decisions using negotiated contracting procedures as prescribed in the Federal Acquisition Regulation Part 15. Course assumes a high dollar value, complex or critical acquisition necessitating a more structured approach. **Suggested pre-requisites:** Introduction to Federal Contracting or Acquisition/Procurement Planning 1 and Contract Formulation 1.

**Course Objectives:** After this course, the student will be able to plan a source selection; develop evaluation factors; evaluate proposals; establish an appropriate competitive range; and make the source selection and award.

**Registration Information:**

**Registration Deadline: May 7, 2004**

Participants should follow local procedures for securing approval to attend this course. After receiving approval, contact Louise Olszewski at [Louise.Olszewski@cpocscr.army.mil](mailto:Louise.Olszewski@cpocscr.army.mil) for a space in the course. After receiving confirmation, your organization's approved credit-card holder should complete and fax a payment authorization sheet to Louise Olszewski at 256.876.3627. This form is available from the course manager. Payment will be made using the government credit card. Registering or canceling via an alternate system/process does not satisfy this requirement.

**Additional Information:**

Individuals requiring special accommodations should notify the course manager at the time of registration. Participants may be excused from portions of any training program that they feel conflicts with their religious beliefs or creates high levels of emotional response or psychological stress.



# Payment Authorization Sheet

This sheet confirms approval of the following individual(s) to attend the training program identified below and authorizes the vendor to charge the listed tuition amount to the attendee's organization. FAX completed document to: 256-876-3627 or DSN 746-3627.

## Course Information

Course Title: Source Selection – (CPE Credits: 40)  
Tuition: \$550 per person  
Location: Sparkman Center, Bldg 5304, Room 4347/49  
Date(s): June 21-25, 2004  
Vendor: Management Concepts

## Attendee Information

Note: If multiple individuals are participating from the same organization, an attachment may be used identifying the information asterisked below for each attendee.

Name:\* \_\_\_\_\_  
Organization: \_\_\_\_\_  
Installation/City: \_\_\_\_\_  
Email:\* \_\_\_\_\_  
Commercial Phone:\* \_\_\_\_\_  
Supervisor's Name:\* \_\_\_\_\_  
Supervisor's Email:\* \_\_\_\_\_

## Credit Card Holder Information

Cardholder Name: \_\_\_\_\_  
Commercial Phone: \_\_\_\_\_  
FAX Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Payment Information (Select one option below)

Note: Cancellations after the registration deadline may be subject to a fee. Complete information is contained in the course announcement.

- ☐ Please charge tuition amount to:  
Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
☐ Please contact the cardholder listed above for payment information.

## Receipt Information (Select one option below)

- ☐ A receipt is not required.  
☐ Please send receipt to: \_\_\_\_\_  
Mail, Email, Fax \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions: Please call Louise Olszewski at 256 842-6540/DSN 788-6540